

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		10/577,485	
	Filing Date		April 27, 2006	
	First Named Inventor		Johan GUSTAVSSON	
	Title	INFORMATION MANAGEMENT UNIT AND METHOD FOR CONTROLLING DATA FLOW, etc.		
	Art Unit		N/A	
	Examiner Name		Not Yet Assigned	
		Attorney Docket No.		3782-0320PUS1

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 02292

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form RTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date
	AUG. 31, 2006
Name	Telephone
MATS BLOM	+46 46 540 1200
Title and Company	
CEO BOARD MEMBER of ANOTO AB	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.